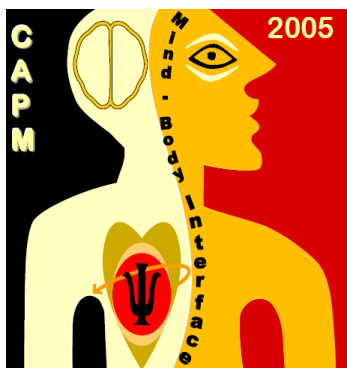


CAPM Newsletter



The Liaison Role in Consultation-Liaison Psychiatry: Stigma Busting One Unit at a Time

As ambassadors of Psychiatry to the various medical and surgical units that CL psychiatrists cover, we have a special role in educating our colleagues on mental health as we “rub shoulders” with them on the wards, in the outpatient clinics, or in the cafeteria. Sometimes we are passionately arguing for a longer stay in hospital for treating lingering psychiatric issues against the attending staff’s wishes as patients become “medically cleared”, while sometimes we are more subtle by influencing interdisciplinary staff to persuade the attending physician for this end. Those who work in CL psychiatry will know the tools to bide time without having too much resentment arising from the attending. A big part of what we do is to destigmatize mentally ill patients by explaining psychiatric conditions to staff,

by conveying to front line staff how to understand empathically what the patient is experiencing in such circumstances, and by advocating for more resources for these medically patients with mental health issues. This is difficult to do in such an era of scarce resources, but it makes it all the more important. I believe that over the past decade or more, there has been a shift in Medicine towards recognizing and addressing mental health issues in these patients. Perhaps this cultural shift has to do with the media, is the result of years of educating undergrads and non-psychiatric postgrads, or some appreciation that failure to do so leads to poorer outcomes. Whatever the case may be, it is heartening to feel one can make a difference and be a valued member of the treatment team.

The Mental Health Commission of Canada is looking at stigma-busting initiatives for front-line professionals and CL psychiatry is certainly in a position to strategically assist in this regard. Your ideas on how to fight stigma are most welcome. As you know, our current CPA president, Dr. Ron Yaren, has been one of the leads in this campaign, and of course, our past CPA president and incoming CAPM President, Dr. Susan Abbey, is also highly respected in this regard. I look forward to Dr. Abbey’s term which begins September 2010, and the vision she brings to any organization she is part of. As outgoing president, I would like to thank your support for CAPM, and hope your commitment and enthusiasm for CL psychiatry continues to raise our profile amongst our peers. PC

Canadian Academy of
Psychosomatic Medicine
141 Laurier Avenue West,
Suite 701
Ottawa, Ontario K1P 5J3
(613) 234-2815 ext 221
(613) 234-9857 (Fax)

Upcoming CAPM Events

CAPM Scientific Meeting:
Wednesday September 22, 2010.
Hart House. Toronto, Ontario.

CPA Scientific Meeting
September 23-26, 2010
Westin Harbour Castle
Toronto, Ontario
Drs. S. Sockalingam and R. Hawa
“Bariatric Surgery” Saturday
Sept 25 1415h

Dr. R. Hewko
“Seizures and Mental Health”
Friday, 24 September, 14:45 ~ 16:15

Dr. Abbey et al.
“Psychotherapies in Medically
Ill” Friday Sept 24 0915h

Dr. Nguyen
“Resident CL Attitude Survey”
Saturday Sept 25 at 14h15

CPA Conference Expert Series: Seizures and Mental Health

Dr. R. Hewko is the Clinical Director of the Psychiatric CL Service at Vancouver General Hospital, UBC, and is the primary consultant for the Epilepsy program there. His talk is entitled “Overview

of Psychiatric Disorders in the Epilepsy Patient”. It will review the spectrum of psychiatric disorders which may manifest in patients with epilepsy including – pre-ictal, ictal, postictal and interictal

states. The presentation will also review psychiatric issues associated with the treatment of epilepsy and discuss particular issues associated with the diagnosis and treatment of depression. PC

CAPM 2010 Distinguished Member: Dr. François Lespérance

After his certification in Psychiatry in 1989, François Lespérance joined with Nancy Frasure-Smith, PhD, from McGill University, the Montreal Heart Institute Research Center to develop a successful, internationally renowned, multidisciplinary research program at. Their conducted studies to evaluate the prognostic impact, the physiopathology, and the treatments of depression and psychological distress



in patients with coronary artery disease. Their landmark post-MI study published in JAMA in 1993 and Circulation in 1995 led to a major switch in consultation-liaison and behavioral medicine and put depression at the front of cardiology and medicine. These 2 papers

have been cited more than 1400 times and has stimulated other researches by their own team and by others across the world. Their team also conducted 2 large randomized clinical trial, MHART and CREATE. The results of these studies questioned some of our psychological approaches for the treatment of depression and psychological distress among CAD patients. He is the 2010 CAPM Distinguished Member, and will be one of the keynote speakers for the inaugural 2010 CAPM Scientific Day. The abstract to his presentation appears below. PC

Emerging Questions Regarding the Co-morbidity of Depression and Coronary Artery Disease.

François Lespérance, MD, Chief, Department of Psychiatry, Centre Hospitalier de l'Université de Montréal, Professor and Associate Vice-Dean for clinical research, Faculty of Medicine, Université de Montréal.

Considerable evidence strongly supports an association between depression and coronary artery disease (CAD): depression (both major depressive disorder and depressive symptoms) is a predictor of short-term and long-term cardiac outcomes in patients following myocardial infarction, unstable angina, congestive heart failure, bypass surgery and angioplasty. It is also a predictor of hav-

ing an acute coronary event in the general population. The nature of the association has been contested. Does depression cause heart disease, or does heart disease cause depression? Or is it possible that another factor affect both depression and heart disease? Data supporting each theory will be presented by reviewing possible mechanisms to may explain this relationship such as reduced adherence to medica-



tion, reduced heart rate variability, increased inflammatory response, reduced dietary omega-3 fatty acids intake and endothelial dysfunction. The few clinical trials have been designed to improve heart disease outcomes among depressed or psychological distressed CAD patients were unable to document any benefits. How-

ever, 2 randomized clinical trials, including the recently published CREATE study, reported that sertraline and citalopram were superior to placebo for the short term treatment of major depression CAD patients. The lecture will end by discussing future direction for clinical research. FL

The Medical-Psychiatric Unit Project: Dr. Nancy Brager, Univ. of Calgary

In Sept, 2009 an innovative 6 bed Med-Psych unit opened as a 2 year pilot project at the Peter Lougheed Hospital in Calgary. This unit is unique in that it is housed on a general medical unit under the medical directorship of both psychiatry and internal medicine. Hospitalists may act as the primary physicians of record. Patients admitted to this unit have both high needs

for medical and psychiatric issues such that simultaneous treatment is indicated. Following stabilization, these patients may be discharged to other units or to home as is appropriate, keeping the length of stay short. Nursing is provided by RNs, RPNs, and NAs all with cross disciplinary training and are guided by a clinical nurse special-

ist. Safety modifications were necessary to the unit in order to provide an appropriate facility to care for patients such as these. As the first year of the pilot project comes to a close, there is optimism that this project will continue beyond the 2 year initial pilot phase.
NB

Anxiety Disorders in Chronic Medical Conditions

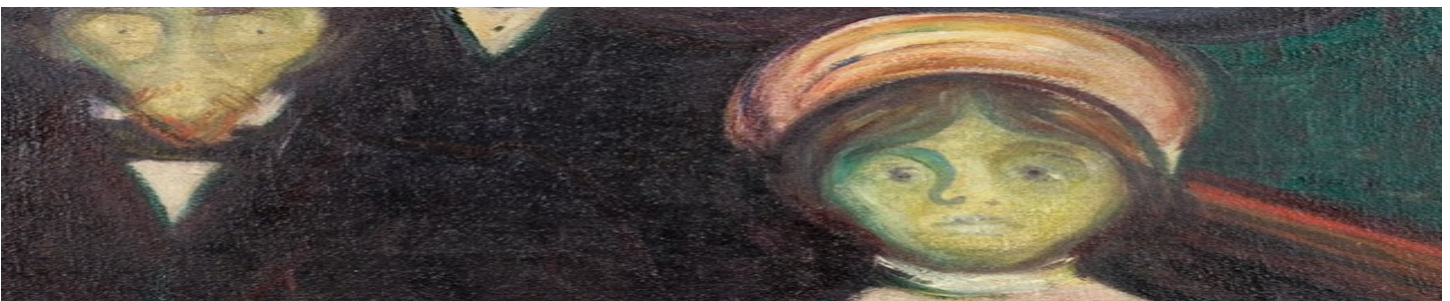
Our research group aimed to: (1) examine the association between four chronic medical conditions (asthma, migraine, diabetes and hypertension) and anxiety disorders (2) examine mechanisms of comorbidity using the familial forms of anxiety disorders. Using a large, population-based sample (n=36984) from the Canadian Community Health Survey 1.2, we found associations between anxiety disorders and asthma (OR=1.3-2.3), migraine (OR=2.0-

3.3) and hypertension (OR=1.1-1.35). There were no associations between family history of anxiety disorders and medical comorbidities, but significant associations between medication use and co-morbidity with medical illnesses. These results suggest an important role for treatment-

specific factors, rather than a common pathophysiology, in the association between anxiety disorders

New research from: **Drs. Tuong-Vi Nguyen, Sok S Lee, Genevieve Gariepy, Norbert Schmitz, Nancy CP Low** "Anxiety disorders and their comorbidity with medical disorders", McGill University.

and the medical comorbidities selected in this study. VN



2009-2010 CAPM EXECUTIVE and BOARD MEMBERS

Dr. Peter Chan, Outgoing President
Dr. Susan Abbey, Incoming President
Dr. Fabien Gagnon, Immediate Past President
Dr. Louis van Zyl, Secretary-Treasurer and Past President

Dr. Stephen Fitzpatrick, BC Board Member
Dr. Nathan Schaffer, BC Board Member
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CAPM (Canadian Academy of Psychosomatic Medicine). is one of the 4 recognized academies by the CPA and comprises mostly of hospital-based Consultation-Liaison psychiatrists across the country. It was founded in 2005. One of its major objectives is working with academic institutions to develop, implement and evaluate standards of training for undergraduates, postgraduates, and psychiatrists in the field of Psychosomatic Medicine.

Membership is \$75 annually. Free for members-in-training

Please join us today!

Email for application: vanzyl@KGH.KARI.NET

Memo from: Jason R. Frank, MD, MA (Ed), FRCPC Associate Director, Office of Education, Royal College of Physicians & Surgeons of Canada. July 30, 2010.

"The proposal was formally endorsed by the Royal College's Committee on Specialties (COS) in April 2010. It has also been considered by the Education Committee and Executive Committee of Council, both of which opted to defer a decision pending additional dialogue with the Royal College's Regional Advisory Committees (RACs) and other stakeholders. The Royal College's Council discussed the proposal in June 2010 and it will be brought back to the Education Committee later this year for decision.

Feedback from Fellows during the Core Competency Project and operational challenges with current system mentioned above, have led the Royal College to consider a mechanism to recognize continuing trends in specialization, without further fragmentation to medical education and health service provision. The AFC (diploma) category is intended to address this concern, by enabling the Royal College to recognize disciplines that meet a legitimate societal need, but do not meet all of the requirements of a subspecialty. AFCs (diplomas) are small, supplemental areas of competence that provide physicians with additional knowledge and skills in a focused area of medicine. These are 2 intended to enhance the existing practices of Canadian specialists, and not replace them with a smaller scope..."

Upcoming CME Events:

69th Annual American Psychosomatic Society Meeting, March 9 - 12, 2011 Marriott San Antonio Rivercenter, San Antonio, Texas.

10th World Congress of Biological Psychiatry, May 9- June 2, 2011. Prague, Czech Republic

21st World Congress on Psychosomatic Medicine, August 25-28, 2011. Seoul, Korea.

The 15th World Congress of Psychiatry. September 18-22, 2011. Buenos Aires, Argentina

Academy of Psychosomatic Medicine, November 10-13, 2010 • [Marco Island Marriott Beach Resort](#) • Marco Island, Florida.